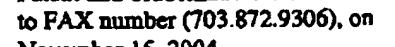


RECEIVED  
CENTRAL FAX CENTER

NOV 15 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	David H. Sitrick	)	Certificate of Transmission under 37 CFR 1.8
For:	SYSTEM AND METHODOLOGY FOR COMMUNICATION AND DISPLAY	)	I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office Office to FAX number (703.872.9306), on November 15, 2004.
Serial Number:	09/492,218	)	
Filed:	January 26, 2000	)	David H. Sitrick
Examiner:	M. Fletcher	)	
Art Unit:	2837	)	
Attorney Docket:	STD 1757	)	(2 pages transmitted)

**PETITION FOR EXTENSION OF TIME**

**Director of the Patent and Trademark Office  
Washington D.C. 20231**

Applicant(s) hereby petition(s) under 37 CFR §1.136(a) for an extension of time for response in the above-identified application for the period required to make the attached response timely.

**Extension fee for response within first month:**

01 FC:2251 55,00 DA

**Extension fee for response within second month:**

( ) By a small entity (§ 1.9(f)) \$ 195.00  
( ) By other than a small entity \$ 390.00

**Extension fee for response within third month:**

( ) By a small entity (\$1.9(f)) \$ 445.00  
( ) By other than a small entity \$ 890.00

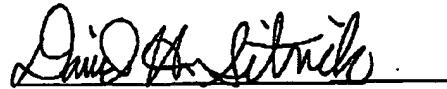
**Extension fee for response within fourth month:**

By a small entity (§1.9(f)) \$ 695.00  
 By other than a small entity \$ 1,390.00

Charge \$ 55.00 to Deposit Account No. 50-1166.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 CFR §§1.16-1.17, or credit any overpayment, to Deposit Account No. 50-1166. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1166.

Respectfully submitted,



\_\_\_\_\_  
David H. Sitrick  
Attorney for Applicant  
Registration No. 29,349

November 15, 2004

SITRICK & SITRICK  
8340 N. Lincoln Ave., Suite 201  
Skokie, IL 60077  
Telephone Number: (847) 677-4411  
Facsimile Number: (847) 677-4656

**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

Application or Docket Number  
**109492218****CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT	(37 CFR 1.16(d))	

RATE	FE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

OR TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	112	Minus	** 115	= —
Independent (37 CFR 1.16(b))	9	Minus	*** 9	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR TOTAL ADD'L FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus	**	=
Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR TOTAL ADD'L FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus	**	=
Independent (37 CFR 1.16(b))		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

OR TOTAL ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.